

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT
for the
District of New Hampshire

JOSEPHINE ANDREI _____
 Plaintiff/Petitioner)
 v.
 TROOPER RAE, et al. _____) Civil Action No.
 Defendant/Respondent)
 Plaintiff/Petitioner)
 v.
 TROOPER RAE, et al. _____)
 Defendant/Respondent)

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

FILED - USDC -NH
2022 MAY 20 PM12:51**Affidavit in Support of the Application**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Josephine Andrei**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 5/20/2022

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$ <i>N/A</i>	\$	\$
Public-assistance (such as welfare)	\$	\$ <i>N/A</i>	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
		<i>N/A</i>	\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
		<i>NOT APPLICABLE</i>	\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
	<i>N/A</i>	\$	\$
	<i>N/A</i>	\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ <i>Unknown</i>
Other real estate (Value)	\$ <i>None</i>
Motor vehicle #1 (Value)	\$ <i>Unknown</i>
Make and year:	<i>1995 Nissan Versa</i>
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	<i>N/A</i>
Model:	
Registration #:	
Other assets (Value)	\$ <i>N/A</i>
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<i>The Taxes</i>	\$	\$
<i>C</i>	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
<i>N/A</i>		

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (<i>including lot rented for mobile home</i>) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Utilities (<i>electricity, heating fuel, water, sewer, and telephone</i>)	\$	\$
Home maintenance (<i>repairs and upkeep</i>)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (<i>not including motor vehicle payments</i>)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (<i>not deducted from wages or included in mortgage payments</i>) Homeowner's or renter's: Life: Health: Motor vehicle: Other:	\$	\$
Taxes (<i>not deducted from wages or included in mortgage payments</i>) (<i>specify</i>):	\$	\$
Installment payments Motor vehicle: <i>None</i>	\$	\$
Credit card (<i>name</i>):	\$	\$
Department store (<i>name</i>):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$	\$
Other (<i>specify</i>): <i>Spcl ATTAdes</i>	\$	\$
Total monthly expenses: <i>\$ 0.00</i>	\$ 0.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes No
If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

12. Identify the city and state of your legal residence.

Your daytime phone number: *603-529-2429*Your age: *84* Your years of schooling: *3 yrs. College*

5620

SOCIAL SECURITY \$1,624.00

1.	AARP-United Health Insurance	174.50
2.	Liberty Mutual House Insurance	127.46
3.	Prescripttion Drugs	32.60
4.	Metrocast	184.11
5.	Fuel (heating)	350.00
6.	Electric (Town)	50.00
7.	Food	300.00
8.	Gas for Car	100.00
9.	Clothing	50.00
10.	Allstate (car)	103.14

TOTAL \$1,471.81

Social Security \$1,624.00



Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

Please contact UnitedHealthcare if you have questions:



UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819



Toll free: 1.800.523.5880
Español: 1.800.822.0246
TTY: dial 711



www.myAARPMedicare.com

Page 1 of 1

New York residents are served by UnitedHealthcare Insurance Company of New York.

This is not a bill.**This is an Explanation of Benefits (EOB) for your:**

- AARP Medicare Supplement Plan N

Please keep this update for your records.

Statement Date: July 6, 2018**Membership Number:** 314676183-11

JOSEPHINE S AMATUCCI

PO BOX 272

WOLFEBORO FALLS, NH 03896-0272

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.

**Medicare Part B Services:** Claim details**Claim 81780-564636-1****Claim Processed
06/28/18**

HUGGINS HOSP
PO BOX 912
WOLFEBORO, NH 03894-0912

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
N 06/06/18 COSTELLO Doctor's office visit	185.00	91.91		66.51		25.40	A
Totals	\$185.00	\$91.91		\$66.51		\$25.40	

\$0.00 Your plan paid to you

\$25.40 Your plan paid to provider

Notes

A Your provider accepted Medicare assignment and cannot charge you more than the Medicare Approved Amount.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819

Please contact UnitedHealthcare if you have questions:



UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819

Toll free: 1.800.523.5880
Español: 1.800.822.0246
TTY: dial 711



www.myAARPMedicare.com

187IMBREGULARBW0004002-01134-01
JOSEPHINE S AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272




Benefits at a Glance

Membership Number: 314676183-11
Statement Date: July 6, 2018

Paid to Providers	Paid to You	Total Paid by Your Plans(s)
\$25 . 40	\$0 . 00	\$25 . 40

This is not a bill. Please keep this update for your records.

Remember to submit your claims as soon as you can. Your plan requires claims to be submitted within a specified time period. Please refer to your Certificate of Insurance for this time period. Don't delay.

If you ever suspect insurance fraud, please call the UnitedHealthcare Fraud Hotline at 1.800.242.0453. Giving false information to any insurance company is fraud—a crime that can result in criminal and civil penalties.

006262

LIBERTY MUTUAL INSURANCE
P.O. BOX 6829
SCRANTON, PA 18505



PLEASE READ: Payments or documents sent to the address above will not be processed.

JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

Your Bill is Past Due.

We have not received your payment as of 04/06/2020. Please pay total amount due to avoid possible interruption to your coverage.

Josephine, thank you for being our valued customer since 2017!

THIS IS YOUR HOME INSURANCE BILL AS OF APRIL 06, 2020

INSURANCE INFORMATION

Policy Number:	H37-218-117400-70
Policy Period:	May 07, 2019 - May 07, 2020
Bill Frequency:	Monthly
Property Insured:	350 GOVERNOR WENTWORTH HWY
	WOLFEBORO, NH 03894-4635

BILLING DETAILS

Previous Policy Balance	\$123.27
Payment Activity	
Payments Received	\$0.00
Installment Charge	\$5.00
Policy Balance	\$128.27
Past Due Amount	\$123.27
Installment Charge	\$5.00

Please Pay Total Amount Due by April 26, 2020 \$128.27



PAYMENT COUPON

Please send all payments in the envelope provided.
Please make check payable to: Liberty Mutual Group



Save time and money by signing up for automatic payments via
your bank account at: LibertyMutual.com/autopay
Or pay your bill online at: LibertyMutual.com/pay

Lost your envelope? Mail check to:

Liberty Mutual Group

QUESTIONS

Questions Regarding Your Policy or Bill?

1-800-225-8285

Want to Pay Online?
LibertyMutual.com/service

Need to Report a Claim?
1-800-2CLAIMS (1-800-225-2467)

Mail Check to:
Liberty Mutual Group
PO BOX 1452
New York, NY 10161-1452

Save Time & Money
Eliminate installment charges by
paying your balance in full.

JOSEPHINE AMATUCCI

Due Date: April 26, 2020
Policy Number: H37-218-117400-70
Invoice Number: 00000285724331

→ PAY POLICY IN FULL: \$128.27

OR

→ PAY AMOUNT DUE \$128.27

Amount Enclosed:

RX

811AD801P00150000-00

November 08, 2017

Member ID: 017354256-1

You have a past due amount.
Please pay so you don't lose
your plan.

Dear JOSEPHINE S AMATUCCI,

We want to let you know that you have a past due amount on your AARP MedicareRx Saver Plus (PDP) account. As of November 08, 2017, you owe \$65.20. Please pay this amount upon receipt so that you won't disenroll.

What happens if I don't pay?

If we don't receive payment by December 11, 2017, you will have to disenroll from your AARP MedicareRx Saver Plus (PDP) account by December 01, 2017. After December 01, 2017, you will no longer be covered by AARP MedicareRx Saver Plus (PDP). However, your other Medicare benefits will not be affected if you are disenrolled from AARP MedicareRx Saver Plus (PDP).

Premium payment

We will deduct the past due amount from your next monthly premium payment. If we don't receive your payment by the date of disenrollment, you will have to pay the full monthly premium.

If you wish to pay your next month's premium today with the past due amount, here is the amount:

Past due amount	\$65.20
Premium (monthly charge)	\$12.00

MetroCast™

METROCAST CABLEVISION
9 APPLE RD BELMONT NH 03220-3251
5000 1800 WM RP 08 11072017 NNNNNYNN 01 000178 0029

JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03898-0272



Statement of Service

Page 1 of 3

Billing Date: November 6, 2017
Account Number: 8262 16 019 0036339

How to reach us
Office hrs M-F 8:00am-8:00pm
Sat 8am-4:30pm www.MetroCast.com
Phone hrs 24/7 1-800-652-1001

For Service At...
350 GOVERNOR WENTWORTH HWY
WOLFEBORO NH 03894-4635

Account Summary

Your account is past due. Please remit the total balance due immediately to avoid a \$25.00 collection effort charge or disconnection of service. If payment was made after the remittance date, please disregard this message. Thank you.

Please see reverse side for account details.

Previous Balance	\$ 364.79
Payment(s)	\$189.00
Monthly Charge(s)	167.81
Other Charge(s)	6.00
Taxes & Fee(s)	8.96
Balance Due	\$ 992.00
Payment Due Date	Upon Receipt

PAYMENT RECEIPT

Allstate Insurance Company
Northbrook, Illinois

Agent Name : JON CLARK
Agent Number : 0C2647
Agent Address : 35 CENTER STREET,
WOLFEBORO, NH 03896
Business Phone : 1 (603) 569-0110

Receipt No. : 01645

Payment Date : 05 / 10 / 2022

Payment Time : 11 : 55 : 07

Amount Received : \$142.08 CR CRD

Total Received : \$142.08

The above amounts were applied to the following policy(ies)

Policy/App Number	Eff. Date	Policy Type	Line	Amount Applied
000000984309966	05/12	AUTO-AFCIC	010	\$142.08

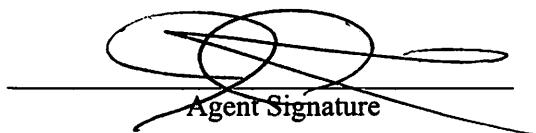
Customer Name / Address

JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS, NH 03896

Want more payment options? Visit my agency website or www.allstate.com to find out how you can manage your account 24/7.

We Appreciate Your Business.

Thank you for being our customer. I hope you'll remain in Good Hands® with Allstate for many years to come.



Agent Signature

Confirmation

Transaction Type

creditcard

Payment Instrument

MasterCard (xxxx6076)

Policy Number

102687692

Named Insured

Josephine Amatucci

Amount

\$132.00

Date

5/10/22

Receipt Number

1010605418

*POLICY INFORMATION***Dwelling Basic Quote**

American Modern Property and Casualty Insurance Company
 Policy Period: 04/05/2022 - 04/05/2023 Policy Term: Annual
 Date of Quote: 04/05/2022 Policy Type: Dwelling Basic
 Submission Number: 001-475-88-65

**POLICY INFORMATION****Client Information**

Primary Named Insured:
 JOSEPHINE AMATUCCI
 PO BOX 272
 WOLFEBORO FALLS NH 03896-0272

Applicant's Primary Phone: (603) 569-2429
Social Security Number:
Marital Status:
Date of Birth: 09/**/1938
Gender:

Has the applicant moved in the last 60 days? No

Previous Address:

Agency Information

Contracted Agency: IVANTAGE SELECT AGENCY INC - #302619

Contracted Agency Address:
 POST OFFICE BOX 5323
 CINCINNATI OH 45201

Your Agent: JON OLIVER CLARK- #0C2647
Your Agent Address:
 35 CENTER ST STE 9
 WOLFEBORO NH 03896

Your Agent Phone Number: (603) 569-0110

Contracted Agency Phone Number: (800) 543-2644

POLICY PREMIUM SUMMARY

Total Premium:	\$825.00
Taxes and Fees:	\$0.00
Total Cost:	\$825.00

*LIA Bst 14
=Premises*

Policy Discounts

Claims Free Discount
 Auto/Home Discount

Dwelling Discounts

Dwelling #1: 350B GOVERNOR WENTWORTH HWY, WOLFEBORO NH 03894-4635

Deadbolts, Smoke Alarm and Fire Extinguisher

DWELLING INFORMATION

Dwelling #1: 350B GOVERNOR WENTWORTH HWY, WOLFEBORO NH 03894-4635

Dwelling Details

Occupancy: Rental	Residence Type: 1 Family Residence	Territory: 1	Protection Class Code: 4
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Year Built: 1960	Construction Type: Frame	Year Roof Replaced: 2010
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COVERAGE INFORMATION**Dwelling Coverages**

Dwelling #1: 350B GOVERNOR WENTWORTH HWY, WOLFEBORO NH 03894-4635

Coverage	Limit / Description	Premium
Dwelling (Fire & Extended Coverage)		\$584.00
Limit	139,731	

Dwelling Basic Quote

American Modern Property and Casualty Insurance Company
 Policy Period: 04/05/2022 - 04/05/2023 Policy Term: Annual
 Date of Quote: 04/05/2022 Policy Type: Dwelling Basic
 Submission Number: 001-475-88-65



All Other Peril Deductible	500	
Wind and Hail Deductible	1,000	
Other Structures	13,973	Included
Loss Settlement	Full Repair Cost	
Additional Living Expense/Fair Rental Value	1,000	\$5.00
Inspection Fee		\$26.00
Premises Liability	100,000	\$70.00
Medical Payments	500 Per person/25,000 Per occurrence	Included
Mold and Remediation - Liability	50,000	Included
Property Manager Premises Liability Extension		Included
Vandalism or Malicious Mischief		\$140.00
Deductible	500	
Fire Department Service Charge	500	Included
	Premium	\$825.00

IMPORTANT NOTICE

This is an insurance quote only, and is not a binder or confirmation of coverage. This quote is subject to change based on final underwriting review. Coverage will not begin until after you have provided your agent with all required documentation and you have been notified that the insurance company has accepted your application.

Thank you for this opportunity to provide an insurance quote for your consideration. If you have any questions about the premium, coverages or payment options, please give us a call.

Town of Wolfeboro
MUNICIPAL ELECTRIC DEPARTMENT
 84 SOUTH MAIN STREET
 P.O. BOX 777
 WOLFEBORO, NH 03894-0777
 603-569-8150
 603-569-8183

BILLING DATE	01/28/21	ACCOUNT NUMBER
DUE DATE	02/24/21	09-0449.002
TOTAL AMOUNT DUE		\$17,876.46

AMOUNT REMITTED \$
 Service Address: 350 GOV WENTWORTH HWY

IF YOU HAVE AN ADDRESS CHANGE, PLEASE FILL OUT REVERSE SIDE AND CHECK BOX HERE
 Please return this portion with your payment and make checks payable to:

5611 AV 0.398 E0238X ID256 D7137571278 S2 P7999964 0001:0001



JOSEPHINE AMATUCCI
 PO BOX 272
 WOLFEBORO FALLS NH 03896-0272

Town of Wolfeboro
 P.O. Box 777
 Wolfeboro, NH 03894-0777

JNINCIPAL ELECTRIC DEPARTMENT SOUTH MAIN STREET D. BOX 777 DLFEBORO, NH 03894-0777 3-569-8150 3-569-8183	ACCT NO.	09-0449.002	PROPERTY OWNER	JOSEPHINE AMATUCCI
	NEXT READ	02/22/21	SERVICE LOCATION	350 GOV WENTWORTH HWY
	BILLING DATE	01/28/21	RATE	DOMESTIC ALL YR DA

METER NUMBER(S)	PREVIOUS			PRESENT			MULTI.	TOTAL KWH USED
	DATE	READING	READ CODE	DATE	READING	READ CODE		
83264815	12/21/20	62685	AMR	01/25/21	65427	AMR	1	2742

PREVIOUS BALANCE	\$17,543.61
PAYMENTS AS OF 1/28/21	\$50.00CR
BALANCE FORWARD	\$17,493.61
CUSTOMER CHARGE	\$5.55
DISTRIBUTION 2742 KWH @ .035200	\$96.52
GENERATION 2742 KWH @ .102400	\$280.78
TOTAL AMOUNT DUE	\$17,876.46

KWH USAGE COMPARISON

URRENT IN	35 DAYS YOU USED	2742 KWH OR	78.34 KWH PER DAY.
LAST MONTH IN	0 DAYS YOU USED	0 KWH OR	0.00 KWH PER DAY.
REVIOUS YR. IN	35 DAYS YOU USED	2664 KWH OR	76.11 KWH PER DAY.

* THIS IS A REMINDER THAT YOUR ACCOUNT IS PAST DUE! *

TOTAL ELECTRIC CHARGES DUE BY	02/24/21	\$17,876.46
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LEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

1/28/21

IF YOU HAVE AN ADDRESS CHANGE
PLEASE FILL OUT REVERSE SIDE AND CHECK BOX HERE

Wolfeboro
REAL ESTATE TAX BILL
84 SOUTH MAIN STREET
P.O. BOX 629
WOLFEBORO, NH 03894-0629
603-569-3902

TAX YEAR 2021
ACCOUNT NO.: 10-3996.70
1ST INSTALLMENT: S 73
2ND INSTALLMENT: S
TOTAL PAYMENTS: S

Property Location: 350 GOV WENTWORTH HWY

AMOUNT DUE S 73
BY JULY 01, 2021

2253 1 AV 0.398 E0312X I0341 D7617520631 S2 P8267085 0001:0001

Town of Wolfeboro
P.O. Box 629
Wolfeboro, NH 03894-0629



AMATUCCI, JOSEPHINE
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

PLEASE DETACH AND RETURN ABOVE PORTION WITH YOUR PAYMENT. MAKE CHECK PAYABLE TO THE TOWN OF WOLFEBORO

Wolfeboro
REAL ESTATE TAX BILL
84 SOUTH MAIN STREET P O BOX 629
WOLFEBORO, NH 03894-0629

OFFICE HOURS
MONDAY - FRIDAY : 8:00AM - 4:00PM
TELEPHONE (603) 569-3902
email: taxcollector@wolfeboronh.us

PROPERTY OWNER(S):

AMATUCCI, JOSEPHINE

MAILING ADDRESS:

PO BOX 272
WOLFEBORO FALLS NH 03896-0272

BILL DATE: 06/21/2021

TAX YEAR: 2021

ACCOUNT NUMBER: 10-3996.701

TAX MAP/LOT NUMBER: 151--21

PROPERTY LOCATION: 350 GOV WENTWORTH HWY

	TAX RATES	TOTAL VALUATION	AMOUNT	ASSESSMENT INFORMATION	TAX INFORMATION	
MUNICIPAL	5.260	\$112,400	\$591.00	BUILDING VALUE \$118,700	GROSS TAX	\$1,462.
SCHOOL - LOCAL	4.820	\$112,400	\$541.00	LAND VALUE \$113,700	CREDITS	
SCHOOL - STATE	1.820	\$112,400	\$204.00	TOTAL VALUE \$232,400	NET TAX	\$1,462.
COUNTY	1.110	\$112,400	\$124.00	EXEMPTIONS \$120,000	FIRST BILL	\$731.
					SECOND BILL	
TOTAL	13.010	\$112,400	\$1,462.00	TAXABLE VALUE \$112,400	PAYMENTS	
AMOUNT DUE BY				JULY 01, 2021	\$731.00	

IF PAID AFTER DUE DATE ANNUAL INTEREST RATE OF 8% WILL BE CHARGED
PRIOR YEARS TAXES DO NOT INCLUDE ACCUMULATED INTEREST OR COSTS
PLEASE CONTACT THE TAX OFFICE FOR UPDATED AMOUNTS

IMPORTANT NOTICE TO ALL TAXPAYERS:

IF YOU ARE ELDERLY, DISABLED, BLIND, A VETERAN OR VETERAN'S SPOUSE, OR ARE UNABLE TO PAY TAXES TO POVERTY OR OTHER GOOD CAUSE, YOU MAY BE ELIGIBLE FOR A TAX EXEMPTION, CREDIT, ABATEMENT, O

OFFICE OF THE TAX COLLECTOR
TOWN HALL BUILDING 84 SOUTH MAIN STREET
PO BOX 629
WOLFEBORO, NH 03894-0629

Office Hours: Monday-Friday 8am-4pm Telephone: (603) 569-3902
E-mail - taxcollector@wolfeboronh.us

February 19, 2021

AMATUCCI, JOSEPHINE

PO BOX 272

WOLFEBORO FALLS NH 03896-0272

NOTICE OF TAX ARREARAGE

2020 TAX RECORDS INDICATE THE FOLLOWING TAX ACCOUNT IS UNPAID

PROPERTY TAX ACCOUNT # 10-3996.701

PROPERTY ID# 151--21

350 GOV WENTWORTH HWY

AMOUNT DUE: \$ 1108.00

Interest 8% per annum as of due dates 07/10/20 and 1/13/21

The tax amount due together with interest must be paid in full and received by the tax office no later than March 15, 2021 to prevent additional costs associated with notice of impending tax lien.

Amounts do not include up-to-date interest and or cost computation. Please contact the tax office at (603) 569-3902 prior to making payment.

Brenda L. LaPointe

Brenda L. LaPointe, Certified Tax Collector



Farmington, NH 03835

(603) 755-3562

Fax (603) 755-3530

info@cardinalglidden.com

Chris Glidden
Owner

A
Family
owned and
operated
company for
over 50
years!

TO: SEPHINE AMATUCC.

DATE 3/25/2021

ACCT. # 88490001

PAYMT. RECEIVED #231.64

IMPORTANT

**BUDGET
PLANS**

This is a memo
invoice. Please
continue your
regular
payments

**PREPAY
ACCOUNTS**

This
receipt/invoice
is for your
records only

**C.O.D. &
BILLABLE**

Discounts are
included in the
ticket pricing



PLEASE PAY THIS AMOUNT ▲ ▲

NOT FULL

- THIS IS YOUR ONLY INVOICE -
PLEASE REMIT YOUR PAYMENT
UPON RECEIPT OF THIS DELIVERY

AMOUNT RECEIVED \$	<input type="checkbox"/> CASH
<input type="checkbox"/> CHECK	
CUSTOMER SIGNATURE X	

IMPORTANT SAFETY INFORMATION ON BACK